

Issue 116: INSIDER'S EDGE: *MAJOR* System Changes—30 Day Pending Eligibility

Welcome to another edition of the *Insider's Edge* with Medicaid Marge! While I try to keep things light, this week's update is **CRITICAL**, so stay with me until the end!

Currently, applicants with outstanding verifications are given temporary 90 day Medicaid eligibility. When the State implemented the Connecticut system in November 2014, the system included a rule allowing a 90 day temporary eligibility period. To correct this issue, Maryland will disable this rule effective August 29th. Individuals will be required to have income and identity verifications approved BEFORE enrolling in Medicaid.

A brief overview of the policy going into effect is included below. Please read it in its **entirety** as this system update will have a **significant** impact on the information you should share with consumers who apply for benefits.

The Basics: Effective August 29, 2015

The Rule: In most instances, individuals eligible for Medicaid have 30 days to submit outstanding verifications. Applicants who qualify for Medicaid will be placed in a pending status. They will not be eligible for coverage until their documentation is reviewed and approved.

The Exception: Qualified individuals who enroll in Medicaid have 90 days to verify citizenship and/or immigration status. Applicants will receive 90 days of temporary eligibility coverage on a fee-for-service basis (FFS) while their documentation is reviewed and approved.

The Fine Print: It's Important!

30 Day Pending Status

Moving forward, individuals with outstanding verifications for income or identity will be notified they have 10 days to submit documentation. Caseworkers will have an additional 20 days to process the verifications. During this 30-day period, the eligibility status will be pending in the system, and the applicant will not receive Medicaid benefits. If identity and income are verified, *and there are no other outstanding verifications*, applicants will be determined eligible for Medicaid effective the first day of the month in which they applied. If no documentation is provided for the initial application after 30 days, the eligibility status will switch from 'pending' to 'denied'.

90 Day Temporary Eligibility

Consistent with the Affordable Care Act (ACA), Maryland will give a 90 day temporary coverage period to qualified individuals enrolled in Medicaid who have outstanding citizenship or immigration status verifications **ONLY**. Coverage will be on a FFS basis. Once the individual's documents are verified, he or she can enroll in an MCO. After 90 days, if documentation is not provided for an initial application, the individual's eligibility status will switch from 'temporary' to 'denied'.

Outstanding Verifications for BOTH Income/Identity and Citizenship/Immigration

If an individual who qualifies for Medicaid has outstanding verifications for *both* income or identity *and* citizenship or immigration status, the consumer's eligibility determination will be pending. Consumers will have 30 days to provide any identity and/or income verifications before their application will be denied. During this 30 day period consumers are not given temporary Medicaid eligibility. Consumers will not be enrolled in Medicaid until they have completed any outstanding income and identity verifications. If the income or identity verifications are cleared first, the consumer will be shifted into a temporary eligibility status with FFS coverage until their citizenship or immigration documents are verified. The temporary eligibility period will be granted for up to 90 days from the date of application.

Applicants will be notified via the Maryland Health Connection website and notices to submit all documents needed for verification.

Medicaid Eligibility Status

Time Elapsed since Application Date	0 Days	30 Days	90 Days
No Outstanding Verifications	Medicaid eligibility starts effective the first day of the month consumer applied. Process for enrolling in an MCO begins		
Income/Identity Must be Verified	Eligibility Status: "Pending" NO FFS or MCO coverage		
Only Citizenship/Immigration Must be Verified	Eligibility status: "Temporary" FFS Coverage		

Change Reports

Individuals currently enrolled in Medicaid who report a change during the year that triggers a new VCL will have 30 days to verify changes in income/identity and 90 days to verify changes in citizenship/immigration. The consumer will **retain** full coverage through their MCO during this time period. Consumers with outstanding VCLs for both income or identity *and* citizenship or immigration status will have 30 days to verify their VCL. If income or identity verifications are cleared first, the consumer will have 90 days to submit their citizenship or immigration documents for verification. If the individual fails to verify their outstanding VCLs in a timely fashion, they will lose Medicaid coverage and be disenrolled from their MCO.

A Quick Word about QHPs

The eligibility process for individuals eligible for Medicaid and individuals eligible for a QHP is different. Individuals with outstanding verifications who are eligible for a qualified health plan (QHP) with an advanced premium tax credit or cost-sharing reduction (APTC/CSR) may enroll in a QHP immediately. The individual will then have 90 days to provide the documents requested. If the individual fails to provide citizenship/immigration verification information within 90 days, coverage will end. If the individual fails to provide income verification information within 90 days, financial assistance will end.

Best Practices: Submitting Outstanding Verifications

Consumers have different options when it comes to submitting outstanding verifications. They can submit information:

- **Online** through Maryland Health Connection by uploading documents through their account in the Consumer Portal,
- **In-person** at a local health department, department of social services, or Connector Entity, or
- **By mail** to Maryland Health Connection, P.O. Box 2160, Manchester, CT 06045.

Information sent by mail should be submitted with a special bar-coded coversheet that is included with the VCL the consumer receives. The coversheet can also be printed by the consumer if they log into their account on Maryland Health Connection. Do not mail an outstanding verification document *without* a coversheet as it will seriously delay processing.

Have questions? Shoot me an e-mail, dhmh.medicaidmarge@maryland.gov.